



LifeForce

Caregivers for the Elderly

Caregiver Performance Evaluation

www.liforceeldercare.com

1-800-200-3685

PLEASE PRINT

Caregiver Name: Marline Client Name: _____
 Person Filling Out this Form: _____ Relationship to Client: wife
 Signature of Evaluator: _____ Date of this Evaluation: 7/7/14
 E-mail Address of Evaluator: _____

Part A: Skills	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Communication Skills		✓			
2. Cooking and Meal Preparation		NA			
3. Laundry and Light Housekeeping	✓				
4. Medication Supervision		NA			
5. Personal Care (bathing, grooming, toileting, etc.)	✓				
Part B: Personal Qualities	Excellent	Good	Fair	Poor	Supportive Details or Comments
1. Attitude	✓				
2. Compassion	✓				
3. Dependability	✓				
4. General Appearance	✓				
5. Honesty	✓				
6. Initiative	✓				
7. Judgement	✓				
8. Patience	✓				
9. Punctuality	✓				
10. Respectfulness	✓				

Additional Comments: Marline is a god-send and a great fit for us. She is helpful without being asked. We are both very pleased to have her with us.

Please Return Completed Form in Enclosed Self-Addressed Envelope. Thank You!